



OCT 27 2006

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) <b>SPINE 3.0-421</b>
Application Number	10/808,817-Conf. #7596	Filed <b>March 25, 2004</b>
For <b>APPARATUS AND METHOD FOR CUTTING SPINAL IMPLANTS</b>		
Art Unit <b>3722</b>	Examiner <b>W. Fridie</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

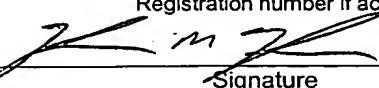
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.  
 A check in the amount of the fee is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director has already been authorized to charge fees in this application to a Deposit Account.  
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.

10/27/2006 MGEBREM1 00000136 121095 10808817

I am the  applicant/inventor.      | 01 FC:1252      450.00 DA  
 assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 54,230  
 attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
Signature

October 23, 2006

Date

Kevin M. Kocun  
Typed or printed name

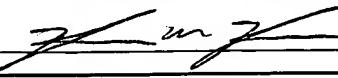
(908) 518-6383  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 23, 2006

Signature: 

(Kevin M. Kocun)